

JUL 07 2008

Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/786,229
Filing Date	
First Named Inventor	Hartley
Art Unit	
Examiner Name	
Attorney Docket Number	

To: Commissioner for Patents
P.O. Box 1460
Alexandria, VA 22313-1460

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 26686

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input checked="" type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(5) Please explain below: | |

Certifications

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☐ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Jul 04 08 01:09p

KUKKONEN

858 777 7067

RECEIVED
CENTRAL FAX CENTER

JUL 07 2008

PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS			
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.			
Change the correspondence address and direct all future correspondence to:			
A. <input type="checkbox"/> The address of the inventor or assignee associated with Customer Number: _____			
OR			
B. <input checked="" type="checkbox"/> Inventor or Assignee name			
Infinity LLC			
Address 171 N. Altadena Drive			
City Pasadena		State CA	Zip 91107
Country USA			
Telephone	626.768.3358		Email
I am authorized to sign on behalf of myself and all withdrawing practitioners.			
Signature	/ck3/		
Name	Carl A. Kukkonen, III		Registration No. 42,773
Address 525 Seabright Lane			
City Solana Beach		State CA	Zip 92075
Country USA			
Date	07-04-2008		Telephone No. 858-342-9580
NOTE: Withdrawal is effective when approved rather than when received.			

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.